

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: MT**  
**APPLICATION YEAR: 2006**

---

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
  - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- [NEW STATE PERFORMANCE AND OUTCOME MEASURES FOR NEW NEEDS ASSESSMENT PERIOD](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2005</b>	APPLICANT IDENTIFIER <b>MDPHHS</b>
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER <b>B04MC02426-00</b>
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER <b>DUN # 05-165-9352</b>
5. APPLICANT INFORMATION			
Legal Name: <b>Montana Department of Public Health and Services</b>		Organizational Unit: <b>Family and Community Health Bureaus</b>	
Address (give city, county, state and zip code) <b>1400 Broadway PO BOX 202951 Helena, MT 59620 County: Lewis and Clark</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Jo Ann Walsh Dotson</b> Tel Number: <b>406-444-4743</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">81</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">030240</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                  I. State Controlled Institution of Higher Learning C. Municipality           J. Private University D. Township              K. Indian Tribe E. Interstate              L. Individual F. Intermunicipality    M. Profit Organization G. Special District      N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">93</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">994</div> TITLE: <b>Maternal and Child Health Services Block Grant</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maternal and Child Health Services</b>	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: <b>10/01/2005</b>	Ending Date: <b>09/30/2006</b>	a. Applicant <b>State of Montana</b>	b. Project <b>State of Montana</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>2,547,932.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>1,085,637.00</u>		
d. Local	\$ <u>3,598,977.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>791,235.00</u>		
g. TOTAL	\$ <u>8,023,781.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Dr Robert Wynia</b>		b. Title <b>Director, DPHHS</b>	c. Telephone Number <b>406 444-5622</b>
d. Signature of Authorized Representative		e. Date Signed	

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2006**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MT**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 2,547,932

A.Preventive and primary care for children:

\$ 1,008,269 ( 39.57 %)

B.Children with special health care needs:

\$ 829,709 ( 32.56 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 224,404 ( 8.81 %)

(The above figure cannot be more than 10% )[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 1,085,637

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 3,598,977

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 791,235

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 485,480

\$ 5,475,849

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 8,023,781

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 1,000,000

c. CISS: \$ 0

d. Abstinence Education: \$ 9,650

e. Healthy Start: \$ 0

f. EMSC: \$ 139,815

g. WIC: \$ 13,500,000

h. AIDS: \$ 1,195,640

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Early Child \$ 50,000

FA Spec Dis \$ 100,000

FAS PRV \$ 7,000

Oral Health \$ 70,000

PHBG \$ 152,260

Title X FP \$ 1,959,897

UNB \$ 150,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 18,334,262

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 26,358,043

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: FedAlloc

Row Name: Federal Allocation

Column Name:

Year: 2006

Field Note:

2.

Section Number: Main

Field Name: FedAlloc\_PPCC

Row Name: Federal Allocation - Preventive and primary care for children

Column Name:

Year: 2006

Field Note:

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MT**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 2,609,133	\$ 2,609,133	\$ 2,560,004	\$ 0	\$ 2,547,932	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,166,561	\$ 1,085,638	\$ 1,130,108	\$ 0	\$ 1,085,637	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 3,000,000	\$ 3,598,977	\$ 2,800,000	\$ 0	\$ 3,598,977	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 791,235	\$ 0	\$ 0	\$ 791,235	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 6,775,694	\$ 8,084,983	\$ 6,490,112	\$ 0	\$ 8,023,781	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 17,888,106	\$ 17,688,622	\$ 19,041,494	\$ 0	\$ 18,334,262	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 24,663,800	\$ 25,773,605	\$ 25,531,606	\$ 0	\$ 26,358,043	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MT**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 2,567,703	\$ 2,565,446	\$ 2,565,446	\$ 2,615,865	\$ 2,615,865	\$ 2,609,133
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,389,673	\$ 1,288,861	\$ 1,288,137	\$ 1,239,283	\$ 1,246,729	\$ 1,160,198
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 2,604,648	\$ 3,148,189	\$ 2,634,291	\$ 3,308,892	\$ 2,545,000	\$ 2,733,097
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 6,562,024	\$ 7,002,496	\$ 6,487,874	\$ 7,164,040	\$ 6,407,594	\$ 6,502,428
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 15,278,032	\$ 18,019,985	\$ 16,510,575	\$ 18,285,611	\$ 19,471,259	\$ 19,000,000
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 21,840,056	\$ 25,022,481	\$ 22,998,449	\$ 25,449,651	\$ 25,878,853	\$ 25,502,428
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
generous contributions and counting of Medicaid increase ability to spend
2. **Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
generous contributions and counting of Medicaid reimbursement allowed additional expenditures
3. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Administrative and legislative action resulted in decreased available state general fund. Administrative cuts decreased the Medical Genetics program funds, and legislative action decreased available funding for MIAMI home visiting.
4. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Local funds exceeded expectation. Very generous donations and the addition of Medicaid billing for many services helped exceed expectations
5. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Very generous donations and the inclusion of Medicaid billing has helped local income
6. **Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
generous contributions and counting of Medicaid reimbursement allowed added expenditures
7. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Local contributions have not been counted in the past submissions
8. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Actual grant awards differed from Budgeted amounts, especially in the WIC, which continues to increase r/t food costs.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MT**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 987,432	\$ 1,389,131	\$ 1,038,306	\$ 0	\$ 1,367,965	\$ 0
b. Infants < 1 year old	\$ 787,800	\$ 1,101,335	\$ 706,138	\$ 0	\$ 1,106,576	\$ 0
c. Children 1 to 22 years old	\$ 2,295,000	\$ 2,611,937	\$ 2,492,250	\$ 0	\$ 2,611,937	\$ 0
d. Children with Special Healthcare Needs	\$ 1,488,614	\$ 1,414,398	\$ 1,348,000	\$ 0	\$ 1,440,881	\$ 0
e. Others	\$ 866,848	\$ 1,180,539	\$ 615,418	\$ 0	\$ 1,066,295	\$ 0
f. Administration	\$ 350,000	\$ 387,643	\$ 290,000	\$ 0	\$ 430,127	\$ 0
g. SUBTOTAL	\$ 6,775,694	\$ 8,084,983	\$ 6,490,112	\$ 0	\$ 8,023,781	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 1,000,000	
c. CISS	\$ 12,466		\$ 50,000		\$ 0	
d. Abstinence Education	\$ 180,000		\$ 175,988		\$ 9,650	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 145,000		\$ 139,960		\$ 139,815	
g. WIC	\$ 13,000,000		\$ 14,144,314		\$ 13,500,000	
h. AIDS	\$ 2,126,380		\$ 2,215,641		\$ 1,195,640	
i. CDC	\$ 265,000		\$ 279,134		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Early Child	\$ 0		\$ 0		\$ 50,000	
FA Spec Dis	\$ 0		\$ 0		\$ 100,000	
FAS PRV	\$ 0		\$ 0		\$ 7,000	
Oral Health	\$ 0		\$ 0		\$ 70,000	
PHBG	\$ 0		\$ 159,260		\$ 152,260	
Title X FP	\$ 1,800,000		\$ 1,777,197		\$ 1,959,897	
UNB	\$ 0		\$ 0		\$ 150,000	
PHBG & FAS Prev	\$ 259,260		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 17,888,106		\$ 19,041,494		\$ 18,334,262	



**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MT**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,000,000	\$ 1,072,725	\$ 1,048,869	\$ 1,036,308	\$ 1,027,914	\$ 1,040,706
b. Infants < 1 year old	\$ 875,000	\$ 729,300	\$ 743,000	\$ 686,870	\$ 788,418	\$ 670,596
c. Children 1 to 22 years old	\$ 2,052,960	\$ 2,418,602	\$ 2,440,000	\$ 2,072,131	\$ 2,170,000	\$ 2,565,447
d. Children with Special Healthcare Needs	\$ 1,560,000	\$ 1,492,340	\$ 1,513,219	\$ 1,413,582	\$ 1,550,314	\$ 1,374,934
e. Others	\$ 824,064	\$ 967,321	\$ 592,786	\$ 1,596,854	\$ 530,948	\$ 660,928
f. Administration	\$ 250,000	\$ 322,208	\$ 150,000	\$ 359,052	\$ 340,000	\$ 189,817
g. SUBTOTAL	\$ 6,562,024	\$ 7,002,496	\$ 6,487,874	\$ 7,164,797	\$ 6,407,594	\$ 6,502,428
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 95,000		\$ 100,000		\$ 90,300	
c. CISS	\$ 72,500		\$ 100,000		\$ 100,000	
d. Abstinence Education	\$ 186,439		\$ 186,439		\$ 139,829	
e. Healthy Start	\$ 150,000		\$ 0		\$ 0	
f. EMSC	\$ 103,744		\$ 100,000		\$ 145,000	
g. WIC	\$ 12,667,168		\$ 13,264,660		\$ 13,792,238	
h. AIDS	\$ 0		\$ 0		\$ 2,126,380	
i. CDC	\$ 612,375		\$ 520,785		\$ 510,035	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FAS Prevention	\$ 0		\$ 571,292		\$ 571,292	
PHBG - FP & Dental	\$ 0		\$ 0		\$ 159,260	
Title X Family Planning	\$ 0		\$ 0		\$ 1,836,925	
PHBG Dental	\$ 0		\$ 7,000		\$ 0	
PHBG FP	\$ 0		\$ 152,260		\$ 0	
Title X FP	\$ 0		\$ 1,508,139		\$ 0	
PHBG DENTAL	\$ 9,973		\$ 0		\$ 0	
PHBG FP	\$ 183,898		\$ 0		\$ 0	
TITLE X	\$ 1,196,935		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 15,278,032		\$ 16,510,575		\$ 19,471,259	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenBudgeted  
**Row Name:** Pregnant Women  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Generous contributions and counting of Medicaid reimbursement
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Additional funds at local level allowed for the increased expenditure
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Budgeted  
**Row Name:** Infants <1 year old  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Generous contributions and counting of medicaid reimbursement
4. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County reports of MCHBG and county funds for infants services decreasing. Budgeted amounts for county services to infants totaled about \$585,000, but reported expenditures approximately \$348,000
5. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Additional funds contributed at local level allowed the added expenditures
6. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Budgeted  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
generous contributions and counting of Medicaid reimbursement
7. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County MCHBG and GF budgeted expenditures were well below what was actually expended for children.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Additional funds at the local level allow additional expenditures
9. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNBudgeted  
**Row Name:** CSHCN  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Generous contributions and counting of Medicaid reimbursement
10. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Decrease in available funding for population, reflected in decreased local efforts. Limited expansion for this population - unreported revenues which do help augment are Medicaid TCM.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Additional funds were received locally allowed for added expenditures
12. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersBudgeted

**Row Name:** All Others

**Column Name:** Budgeted

**Year:** 2006

**Field Note:**

generous contributions and counting of Medicaid reimbursement

**13. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2003

**Field Note:**

Variations attributable to county level fluctuations, with the greatest shift in the County GF (\$200,000 budgeted, \$435,095 expended)

**14. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2004

**Field Note:**

Additional funds at the local level allowed for the added expenditures

**15. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminBudgeted

**Row Name:** Administration

**Column Name:** Budgeted

**Year:** 2006

**Field Note:**

Generous contributions and counting of Medicaid reimbursement

**16. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2003

**Field Note:**

County variability - budgeted \$230,000, expended approximately \$150,000

**17. Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2004

**Field Note:**

Additional funds at the local level allowed for the added expenditures

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MT**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,627,461	\$ 3,401,655	\$ 2,872,368	\$ 0	\$ 3,372,749	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,845,800	\$ 2,356,401	\$ 1,606,712	\$ 0	\$ 2,356,502	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,152,000	\$ 966,208	\$ 976,932	\$ 0	\$ 966,310	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,150,433	\$ 1,360,719	\$ 1,034,100	\$ 0	\$ 1,328,220	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,775,694	\$ 8,084,983	\$ 6,490,112	\$ 0	\$ 8,023,781	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MT**

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,200,000	\$ 2,798,805	\$ 2,037,874	\$ 3,014,505	\$ 1,595,976	\$ 2,911,792
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,750,000	\$ 1,754,695	\$ 1,850,000	\$ 1,974,543	\$ 1,803,228	\$ 1,564,043
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,200,000	\$ 1,186,865	\$ 1,200,000	\$ 1,052,609	\$ 1,458,001	\$ 1,044,448
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,412,024	\$ 1,262,131	\$ 1,400,000	\$ 1,123,140	\$ 1,550,389	\$ 982,145
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,562,024	\$ 7,002,496	\$ 6,487,874	\$ 7,164,797	\$ 6,407,594	\$ 6,502,428

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Assume continuation of 04 level of contributions and Medicaid reimbursement
2. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Direct health care expenditures for MCHBG funds has come down over the years - the county general fund, which accounts for a majority of the match, continues to be reported as direct services.
3. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Generous contributions and billing of Medicaid allowed added expenditures
4. **Section Number:** Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Assumed continuation of generous contributions and Medicaid reimbursement from 04
5. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Reporting of enabling services by counties are increasing slightly.
6. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
generous contributions and Medicaid billing allowed for added expenditure
7. **Section Number:** Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Assume will repeat 04 generous contributions and Medicaid billing that allows added expenditures
8. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County based reporting
9. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Generous contributions and Medicaid billing allowed for added expenditures
10. **Section Number:** Main  
**Field Name:** InfrastrBuildBudgeted  
**Row Name:** Infrastructure Building Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
Assume repeat of generous contributions and Medicaid reimbursement will allow added expenditures in 06 too
11. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County based reporting
12. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Generous contributions and Medicaid billing allowed for added level of expenditures

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: MT						
Total Births by Occurrence: 11,526				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	11,526	100	3	1	0	0
Congenital Hypothyroidism	11,526	100	13	0	0	
Galactosemia	11,526	100	2	2	2	100
Sickle Cell Disease	11,526	100	38	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						



## FORM NOTES FOR FORM 6

Confirmed = presumed in 2004

### FIELD LEVEL NOTES

1. **Section Number:** Main

**Field Name:** SickCellDisease\_OneScreenNo

**Row Name:** SickCellDisease

**Column Name:** Receiving at least one screen

**Year:** 2006

**Field Note:**

Mandatory Hemoglobinopathies includes screening for sickle cell. We have initial screens in the Harvest software for substantially more than the birth cohort. Without a direct tie between the Lab's Harvest system and Birth Certificates, we cannot be sure that every child born in MT got all mandatory screens, but we've estimated the coverage this way before. In the spot checking that I've done, originally missed screens do get done on an out-patient basis.

2. **Section Number:** Main

**Field Name:** Galactosemia\_Confirmed

**Row Name:** Galactosemia

**Column Name:** Confirmed Cases

**Year:** 2006

**Field Note:**

Presumptive = confirmed in 2004

3. **Section Number:** Main

**Field Name:** Phenylketonuria\_TreatmentNo

**Row Name:** Phenylketonuria

**Column Name:** Needing treatment that received treatment

**Year:** 2006

**Field Note:**

Patient expired in intensive care unit

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MT**

**Reporting Year: 2004**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	4,219	35.3	3.3	10.8	9.3	41.4
Infants < 1 year old	6,257	48.4	1.7	20.5	6.9	22.5
Children 1 to 22 years old	29,416	14.1	2.1	14.8	5.9	63.2
Children with Special Healthcare Needs	4,045	41.1	4.9	37.6	2.8	13.5
Others	33,560	17.9	1.6	14.1	6.9	59.5
<b>TOTAL</b>	<b>77,497</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
Montana serves approximately 45% of all newborns in the state. Montana does not fund delivery services either so the number of newborns served and the total number of new births will be substantially different.
2. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
Others sum include the addition of others, Deliveries and Women of Childbearing Age
3. **Section Number:** Main  
**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2006  
**Field Note:**  
Data does not equal 100%. there is an error in rounding in the addition of the numbers added to equal the percentage computed

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MT**

Reporting Year: 2004

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	11,526	9,785	53	1,510	24	48	33	73
Title V Served	4,933	4,366	0	235	0	0	0	332
Eligible for Title XIX	3,895	2,989	23	865		15		3
<b>INFANTS</b>								
Total Infants in State	10,732							10,732
Title V Served	4,923	4,306		517				100
Eligible for Title XIX	3,895	2,989	23	865	15			3

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	11,526							
Title V Served	4,933	69	0	0	0	0	0	69
Eligible for Title XIX	3,895							
<b>INFANTS</b>								
Total Infants in State	10,732	0		0	0	0	0	
Title V Served	4,923		0					
Eligible for Title XIX	3,895							

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

**1. Section Number:** I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_All

**Row Name:** Total Deliveries in State

**Column Name:** Total All Races

**Year:** 2006

**Field Note:**

Section Number: I Unduplicate count my race

Field Name Deleveries Total-All

Row name Total Deliveries in State

colume Name Totol all races

Year 2006

Note.

Variation between from 7 nad form 8. The Mch State leel program provides floow up to the NBS healstick and hearing progams, serving virtually all infants in the tate. The reporting of infants on form 7 are those reported as receiing serices fo county contractors, in the form of home isiiting, clini or other erices. Adding two figures together would duOlicate virtually every infant receiving services at the conty leve. therefore, the county report of 4219 is used here.

**2. Section Number:** I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2006

**Field Note:**

Data is from County level reporting for the MCHBG plus the Family Planning reporting on Deliveries and Pregnancies.

**3. Section Number:** I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleV\_White

**Row Name:** Title V Served

**Column Name:** White

**Year:** 2006

**Field Note:**

Very few counties still report use of MCHBG for deliveries

**4. Section Number:** I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2006

**Field Note:**

Data available to the state does not break down the infants by race.

**5. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalNotHispanic

**Row Name:** Total Deliveries in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2006

**Field Note:**

Data available to the state does not break down the population into the required groups for this report.

**6. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2006

**Field Note:**

Montana does not provide delivery services as part of the use of the MCHBG funds. Therefore there is not count to report

**7. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2006

**Field Note:**

a

**8. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTotal\_TotalNotHispanic

**Row Name:** Total Infants in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2006

**Field Note:**

Data available to the state does not break down populations into infants 1 year or less.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MT**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(887) 543-7669	(887) 543-7669	(887) 543-7669	(887) 543-7669	(887) 43-7669
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	Jackie Forba	Mary Noel	Mary Noel	Mary Noel	Mary Noel
4. Contact Person's Telephone Number	(406) 444-5288	(406) 444-6992	(406) 444-6992	(406) 444-6992	(406) 444-6992
5. Number of calls received on the State MCH "Hotline" this reporting period	0		12,390	12,396	12,323

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MT**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2006**  
[SEC. 506(A)(1)]  
**STATE: MT**

1. State MCH Administration:  
(max 2500 characters)

Title V supports services for the MCH populations in Montana. Those services are administered by the Family and Community Health Bureau in the Public Health and Safety Division and the Health Care Resource Bureau in the Health Resource Division of Montana's Department of Public Health and Human Services. These programs work in conjunction with private and public programs to promote the health of the MCH population, including infant, children, including those with special health needs, adolescents, women of childbearing age, including pregnant women and their families.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,547,932
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,085,637
5. Local MCH Funds (Line 4, Form 2)	\$ 3,598,977
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 791,235
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 8,023,781</b>

9. Most significant providers receiving MCH funds:

Local county health departments contracts for MCH

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	4,219
b. Infants < 1 year old	6,257
c. Children 1 to 22 years old	29,416
d. CSHCN	4,045
e. Others	33,560

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Direct medical care and enabling services including public health home visiting services are provided at the state level through contracts for speciality clinics and family planning services, and at the county level through local decisions. Direct health care services continues to demand resource focus in MONTANA. Home visiting services for pregnant women and infants, including those with special needs, are supported with state general fund.

b. Population-Based Services:  
(max 2500 characters)

The state continues to focus on development of population based services including newborn metabolic and hearing screening, oral health services, and public education efforts including those about the importance of breastfeeding.

c. Infrastructure Building Services:  
(max 2500 characters)

Contracts with counties to support county health services accounts for approximately 42% of Montana's MCHBG annually. State level infrastructure has been diversified, with MCHBG supported staff working to obtain alternative funding sources to support projects, staff and programs supportive of the MCH goals.

12. The primary Title V Program contact person:

Name	Jo Ann W. Dotson RN MSN
Title	Chief, Family and Community Health Bureau
Address	DPHHS 1400 Broadway PO Box 202951
City	Helena
State	MT
Zip	59620
Phone	406-444-4743
Fax	406-444-2606
Email	jdotson@mt.gov

13. The children with special health care needs (CSHCN) contact person:

Name	Bette Jo Archambault RN BSN
Title	Acting Children's Special Health Services Supervisor
Address	DPHHS 1218 East 6th Ave
City	Helena
State	MT
Zip	59620
Phone	406-444-0984
Fax	406-444-2750
Email	bjarchambault@mt.gov



Web

Web

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund1  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Local county health departments contracts for MCH Services

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MT**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			99.9	99.9	100
Annual Indicator			100.0	100.0	100.0
Numerator			6	4	2
Denominator			6	4	2
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	54.2	54.5
Annual Indicator	NaN	NaN	54.0	54.0	54.0
Numerator	0	0	188	188	188
Denominator	0	0	348	348	348
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55	55.3	55.6	55.6	55.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0		52	52.2
Annual Indicator	NaN	NaN	51.7	51.7	60.0
Numerator	0	0	361	361	15,982
Denominator	0	0	698	698	26,636
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60.2	60.4	60.6	60.8	61
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	50	50.3
Annual Indicator	NaN	NaN	48.8	48.8	78.4
Numerator	0	0	350	350	1,933
Denominator	0	0	717	717	2,464
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	78.5	78.6	78.7	78.8	78.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	71.9	72.2
Annual Indicator	NaN	NaN	71.6	71.6	71.6
Numerator	0	0	250	250	250
Denominator	0	0	349	349	349
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	72.4	72.6	72.8	72.8	72.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				6	6.5
Annual Indicator			5.4	5.4	5.4
Numerator			8	8	8
Denominator			147	147	147
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6.5	6.5	7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	94.4	91.6	90.7	89.7	90.9
Numerator	2,445	9,809	2,610	2,440	2,603
Denominator	2,591	10,709	2,878	2,721	2,864
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	91	91	91	92	92
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	23	19	19	18.5	18
Annual Indicator	18.6	17.6	17.4	15.3	16.4
Numerator	398	377	373	327	350
Denominator	21,378	21,378	21,378	21,378	21,378
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	14	13	12	12
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	15	39	40	41	42
Annual Indicator	2.1	2.0	5.2	13.0	2.2
Numerator	267	258	668	1,683	280
Denominator	12,907	12,907	12,907	12,907	12,907
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	7	4.9	4.8	4.7	4.6
Annual Indicator	9.1	5.9	5.4	4.3	6.0
Numerator	17	11	10	8	10
Denominator	186,130	186,130	186,130	186,130	167,463
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4.5	4.5	4.4	4.4	4.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	72	71	72	73	74
Annual Indicator	69.4	87.2	70.2	70.9	74.0
Numerator	9,458	9,532	9,705	9,755	8,486
Denominator	13,629	10,934	13,823	13,759	11,464
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	74.5	75	75.5	76	77.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	33	80	98	98	98
Annual Indicator	78.3	83.3	90.1	90.0	92.8
Numerator	8,459	9,111	9,810	10,144	10,563
Denominator	10,809	10,935	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	9	11	17	16	16
Annual Indicator	18.0	18.0	17.0	9.6	9.6
Numerator	46,340	46,340	39,207	22,000	22,000
Denominator	257,440	257,440	230,630	230,062	230,062
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	95	95	95
Annual Indicator	90.0	98.1	86.6	86.7	88.7
Numerator	48,111	52,585	55,526	46,369	57,700
Denominator	53,457	53,594	64,089	53,457	65,079
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.0	1.2	1.1	1.0	1.1
Numerator	110	125	120	115	123
Denominator	10,809	10,814	10,886	11,276	11,526
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0.8	0.8	0.8	0.8	0.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	16.5	11.8	11	10.2	9.5
Annual Indicator	11.2	12.6	14.0	16.9	16.9
Numerator	8	9	10	12	12
Denominator	71,310	71,310	71,310	71,149	71,149
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	81	85	86	86.5	90
Annual Indicator	87.3	88.8	75.8	88.7	81.3
Numerator	96	111	91	102	100
Denominator	110	125	120	115	123
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	83	84	84.5	85	85.5
Annual Indicator	83.0	82.5	83.3	84.2	82.8
Numerator	8,967	8,922	9,067	9,496	9,423
Denominator	10,809	10,814	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	86	86.5	87	87.5	87.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 1**

Percent of unintended pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	66.7%	50%	52	54	52
Annual Indicator	63.7	59.3	64.8	66.1	64.6
Numerator	984	1,159	1,261	1,189	1,200
Denominator	1,545	1,953	1,946	1,799	1,858
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	63	62	62	61	61
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 2**

Percent of women who abstain from alcohol use in pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2%	98%	98	98	98
Annual Indicator	1.6	98.3	96.9	97.2	97.3
Numerator	177	10,668	10,552	10,959	11,070
Denominator	10,862	10,857	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

Percent of "WIC" infants who are breastfed at six months.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	39%	41%	42	43	44
Annual Indicator	25.5	33.6	25.7	31.8	25.7
Numerator	3,471	4,574	3,548	4,381	2,945
Denominator	13,629	13,624	13,813	13,759	11,464
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	46	47	48	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	30%	90%	95	95	95
Annual Indicator	33.9	76.8	91.1	88.0	62.3
Numerator	19	43	184	183	96
Denominator	56	56	202	208	154
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Percent of facilities using standardized domestic violence screening tool as part of care assessment and planning.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	53%	54%	50	50	50
Annual Indicator	72.9	64.8	24.0	30.0	35.8
Numerator	35	35	12	15	19
Denominator	48	54	50	50	53
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	42	45	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

Percent of two year old children screened for lead.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	5%	20%	25	30	35
Annual Indicator	6.5	2.4	2.6	1.9	1.4
Numerator	1,409	259	283	203	150
Denominator	21,734	10,798	10,798	10,798	10,798
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	45	50	55	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 8**

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	25.2%	30	31	32	33
Annual Indicator	23.9	23.0	23.7	23.4	23.5
Numerator	12,754	12,327	14,123	14,649	14,707
Denominator	53,457	53,594	59,578	62,629	62,629
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	23	23	23	23	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

Percent of pregnant women who abstain from cigarette smoking.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	15%	81%	81	81	82
Annual Indicator	17.8	81.8	80.3	80.5	80.7
Numerator	1,935	8,849	8,746	9,077	9,183
Denominator	10,862	10,814	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	83	84	85	86	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 10**

Rate of firearm deaths among youth aged 5-19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	5.7	7.9%	7.7	7.4	7.2
Annual Indicator	7.9	8.4	7.4	6.3	5.7
Numerator	16	17	15	12	11
Denominator	202,571	202,571	202,571	191,522	191,522
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	7.0	6.8	6.6	6.4	6.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Prior year data used incorrect denominator and numerator -- was reporting total births and total screened, which is NOT what was required here.

2. **Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Two cases of galactosemia were referred for case management by nurse consultants in Children's Special Health Services.

Mandatory tests in MT = PKU, Galactosemia, Congenital Hypothyroidism, hemoglobinopathies. Optional tests available = Cystic Fibrosis,

- Congenital Adrenal Hyperplasia , Biotinidase Deficiency\* , Acylcarnitine Profile\*

Fatty Acid Oxidation Disorders

§ Medium Chain Acyl-CoA Dehydrogenase Deficiency

§ 3-Hydroxyacyl CoA Dehydrogenase Deficiency

§ Very Long Chain Acyl-CoA Dehydrogenase Deficiency

§ Short Chain Acyl-CoA Dehydrogenase Deficiency

§ Carnitine Palmitoyltransferase Deficiency

§ Glutaric Acidemia Type II

§ 2,4 Dienoyl-CoA Reductase Deficiency

§ Trifunctional Protein

§ Isobutyryl-CoA Dehydrogenase Deficiency

§ Short Chain Hydroxy Acyl-CoA Dehydrogenase Deficiency

§ Carnitine Translocase Deficiency

§ Carnitine Uptake Deficiency

o Organic Acidemia Disorders

§ Glutaryl CoA Dehydrogenase Deficiency Type I

§ Propionyl CoA Carboxylase Deficiency

§ Methylmalonic Acidemia (mutase, Cbl A and Cbl B, Cbl C and Cbl D)

§ Isovaleryl CoA Dehydrogenase

§ 3-Methylcrotonyl CoA Carboxylase Deficiency

§ Mitochondrial Acetoacetyl CoA Thiolase Deficiency

§ 3-Hydroxy-3-Methylglutaryl-CoA Lyase Deficiency

§ Malonic Acidemia

§ 3-Methylglutaconyl CoA Hydratase Deficiency

§ Medium Chain Hydroxy Acyl-CoA Dehydrogenase Deficiency

§ Medium Chain 3-Ketoacyl-CoA Thiolase Deficiency

§ 2-Methylbutyryl CoA Dehydrogenase Deficiency

§ Multiple Carboxylase Deficiency

§ 2-Methyl-3-Hydroxybutyryl CoA Dehydrogenase

- Aminoacidopathies\* (tested by Tandem Mass Spectrometry - MS/MS) (CPT code: 82136, cost \$4.25)

o Maple Syrup Urine Disease

o Homocystinuria

o Citrullinemia

o Argininosuccinic Acidemia

Tyrosinemia (type I, II, III)

3. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS.

4. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

5. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Reporting on this performance measure is unchanged. Ongoing client satisfaction surveys are conducted at Pediatric Specialty Clinics. The Billings regional clinic site reports a 98.19% satisfaction rating on being involved in decisions and being listened to during clinic visits. This sample is small and therefore not representative of the cshcn population in general. This number will be modified in 2005 to represent a larger sampling of cshcn clients.

6. **Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS.

7. **Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**8. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Number is calculated on 12.8% of populaton under age 18 x CSHS program information for cshcn with medical home.

With the continued focus on coordination of care within the medical home by programs such as EPSDT, this number is expected to continue to increase.

**9. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS.

**10. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**11. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Numbers based on active CSHS clients 2004 with a health payment source. Number doesn't include CSHS as a payment source. Adequacy is not measured, but would probably lower this rate. Montana's overall uninsured rate for children 0-18 is 17%.

**12. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS.

**13. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**14. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

**15. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

**16. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**17. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

No change has been made in the data from previous year.

This TA is being requested. Transition issues are discussed on-going in the multidisciplinary Regional Pediatric Specialty Clinics on a provider- to-CYSHCN/family basis covering the issues faced at the appropriate developmental stages. CSHS has established a collaborative relationship with the Office of Public Instruction and Vocational Rehabilitation with a goal of exploring how this information might be attained and how to improve transition services.

**18. Section Number:** Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The numerator and denominator data for this NPM have been changed for all years to reflect the correct number of third grade children who have received protective sealants on at least one permanent molar tooth in relationship to the US Census counts of the entire population of Montana 8 year olds.

**19. Section Number:** Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Incomplete data - only 280 entered in at time of MCHBG submission.

**20. Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data of deaths of children taken from the 2003 annual statistical accounting of deaths by reason. The category identified was for children under 14 that died in a motor vehicle accident.

The population is the July 1, 2004 census data for all age cohorts obtained from the Montana Dept. of Commerce census information tables.

**21. Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

/2004/ We do know that the 2001 figures concerning breastfeeding data are questionable. On examination, the fields which should contain the breastfeeding data were blank in the state office database. In other words, the information was not uploaded to the system. There may also have been a number of records with incorrect information if they were not updated. The information appears to be present in the local agency databases. The absence of or error in data could have been caused by a corruption in a file either at the local agency level or during uploading. We decided to just allow the system to overwrite the records as they were updated (normal process) rather than attempt to locate and fix all of those with missing or incorrect data. //2004//

**22. Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Total number of WIC children under aged two is denominator

Number of WIC infants ever breastfed is numerator

**23. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The trend analysis for 2000-2004 revealed continued decreases in the percent of children receiving services, and the true percentage for 2010 at approximately 75%. MCH has limited control over this program and subsequent performance measurement, including the actual yearly indicators and future projections.

**24. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Death information is NOT AVAILABLE from our Office of Vital Statistics at this time. A data system upgrade data conversion process resulted in loss of death statistics for 2003. These data will be updated in next year's MCHBG Report submission.

**25. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Due to small numbers affecting the variability of the indicators and subsequent projections, the following procedure was used to correct the small number problem for this performance measurement.

The mean number of youth suicides from 2000 to 2004 was 14.3 per 100,000. Given a 1/3 reduction in suicides with the onset of grant money applied for in 2005 (not yet awarded), the expected rate would be approximately 10 deaths per 100,000 youth. If the grant is not awarded, the average mean rate of 14.3 would be more realistic due to limited current funding for the program (\$50,000).

**26. Section Number:** Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Trend analysis from 2000 to 2004 indicated an actual decrease in the percent of very low birth weight deliveries, with a 2010 projection of 75.12%. Projections were reset to accommodate for that downward trend in deliveries.

**27. Section Number:** Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Trend analysis was completed for this measurement.

**28. Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies.

**29. Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies.

2009 Revised trend would be 60.6. We recognize challenges with decreasing this unintended rate, which is impacted by factors other than health care access.

**30. Section Number:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

/2004/ In 2001 we changed the reporting requirement we now are reporting the % of women who abstained from alcohol use instead of reporting the percent who used alcohol . //2004//

**31. Section Number:** State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

National WIC goal is 50% by 2010. Trend analysis suggests percentage may be going down, however.

**32. Section Number:** State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

/2004/ This performance measure has been changed because it isn't feasible for counties with small populations to establish their own teams. Counties are now allowed to partner with established FICMR review teams to accomplish their reviews. //2004//

/2004/ In 2002, Montana changed the reporting from the percent of counties participating in FICMR to the percent of deaths reviewed, which was a more accurate indicator of what we are trying to do. //2004//

/2004/ Data is for CY 2001. 2002 data will not be complete until 2004.

**33. Section Number:** State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

FICMR reviews are always performed retrospectively, and in most case 6-12 months after the deaths. 2002 data was recently finalized, with a noted change in the data as reported last year—Corrections are: Annual indicator-91%, Numerator-184, Denominator-202. 2003 data will not be completed until January 2005. Annual performance objective of 95% may not be attainable because some child deaths are transfers from out of state facilities.

**34. Section Number:** State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Provisional data until next report year.

**35. Section Number:** State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

/2004/ The survey question for this data source changed in 2003. The 2004 report includes actual reporting of those using a standardized domestic violence screening tool. The 2003 survey reported clients screened for domestic violence. The advisory council will determine how to best address the question and/or increase standardized tool usage. //2004//

**36. Section Number:** State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

There is no standard tool in the field to collect this data so the data available is unreliable.

**37. Section Number:** State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

/2004/ Activities related to this Performance Measure have been suspended due to elimination of funding. The Bureau's Advisory Council will decide whether to change or discontinue this Performance Measure before the next report. //2004//

**38. Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**  
**Column Name:**  
**Year:** 2004

**Field Note:**  
Trend analysis for 2000-2004 suggests the projection rate for 2010 remains stable and constant.

39. **Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**  
**Column Name:**  
**Year:** 2002

**Field Note:**  
/2004/ In 2001 we changed the reporting requirement to reflect the percent of women who abstained from tobacco use instead of reporting the percent who used tobacco. //2004//

40. **Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**  
**Column Name:**  
**Year:** 2003

**Field Note:**  
The data for 2003 are unavailable at this time due to data conversion difficulties from one death records system to another in our Office of Vital Statistics. Data will be updated in next year's MCHBG Report.

UPDATE: Although we now have the incidence of firearm deaths for youth aged 5-19, which is 12, we DO NOT have the denominator of all children aged 5-19 due to delays in receipt of this information from NCHS and the Census Bureau-a format. Therefore, a rate cannot yet be determined and the data remain provisional until next reporting period.

41. **Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**  
**Column Name:**  
**Year:** 2004

**Field Note:**  
The breakdown in 2004 is:

4 deaths 15-17  
7 deaths 18-19

The denominator did not change from 2003 because census updates for this breakdown have not been done.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MT**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u>5.4</u>	<u>5.8</u>	<u>6.7</u>	<u>6.2</u>	<u>4.2</u>
Numerator	<u>58</u>	<u>63</u>	<u>73</u>	<u>70</u>	<u>47</u>
Denominator	<u>10,809</u>	<u>10,814</u>	<u>10,886</u>	<u>11,271</u>	<u>11,271</u>
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>1</u>	<u>1.57</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator	<u>4.8</u>	<u>0.0</u>	<u>0.4</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>22.7</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>0</u>
Denominator	<u>4.7</u>	<u>5.7</u>	<u>6.7</u>	<u>5.3</u>	<u>5.3</u>
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4.5	4.5	4	3.8	3.5
Annual Indicator	3.5	3.6	4.4	3.3	2.6
Numerator	38	39	48	37	30
Denominator	10,809	10,814	10,886	11,278	11,378
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	2.61	2.6	2.3	2.2	2.1
Annual Indicator	1.9	2.2	2.3	2.9	1.5
Numerator	20	24	25	33	17
Denominator	10,809	10,814	10,886	11,278	11,378
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8	8	6	5.8	5.5
Annual Indicator	5.7	4.7	7.1	8.1	4.1
Numerator	62	51	78	92	47
Denominator	10,809	10,877	10,937	11,333	11,418
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.3	5	4.8	4.6	4.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	15	15	15	15	15
Annual Indicator	31.4	23.9	20.0	NaN	50.7
Numerator	55	42	35	0	89
Denominator	175,398	175,398	175,398	0	175,398
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



**STATE OUTCOME MEASURE # 1**

Native American Infant Mortality Rate

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u>9.9</u>	<u>7.6</u>	<u>8.7</u>	<u>6.5</u>	<u>6.5</u>
Numerator	<u>13</u>	<u>10</u>	<u>12</u>	<u>9</u>	<u>9</u>
Denominator	<u>1,314</u>	<u>1,314</u>	<u>1,376</u>	<u>1,386</u>	<u>1,376</u>
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 12

None

### FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
2. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Small numbers in Montana will continue to result in variability in indicator reporting. //2004//
3. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
4. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Small numbers in Montana will continue to result in variability in indicator reporting. //2004//
5. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
6. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Small numbers in Montana will continue to result in variability in indicator reporting. //2004//
7. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
8. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Small numbers in Montana will continue to result in variability in indicator reporting. //2004//
9. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
10. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Small numbers in Montana will continue to result in variability in indicator reporting. //2004//
11. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2003

**Field Note:**  
Montana's death data was unavailable at the time of reporting due to a data conversion error between the legacy death records system and an upgrade. Legacy data is not available for that year.

12. **Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**  
Montana's death data was unavailable at the time of reporting due to a data conversion error between the legacy death records system and an upgrade. Legacy data is not available for that year.

13. **Section Number:** State Outcome Measure 1

**Field Name:** SO1

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MT**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

0

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

0

**Total Score:** 6

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Consumer representatives are reimbursed for travel to participate in CSHS AC meetings. Also in 2005, a parent was reimbursed for attending a PKU camp in Colorado and a teen client to PKU camp in Oregon.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: MT FY: 2006**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to health care for MCH populations, including children with special health care needs.
2. Promote and improve oral health services for the MCH populations.
3. Reduce the rate of intentional injuries in MCH populations, including, but not limited to the incidence of domestic violence and youth suicide.
4. Promote and support families to raise children in safe and nurturing environments.
5. Reduce the rates of preventable illness in children and adolescents i.e. obesity and vaccine preventable illnesses.
6. Prevent substance use in MCH populations.
7. Promote access to mental health services for the MCH population.
8. Promote efforts to continue to decrease the incidence of unintended pregnancies.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MT

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Strategic Planning for MCH System planning for next five year period.	Completed Needs Assessment. Based on findings, seek to revise strategic plan with input from FCHB Advisory Council, FCHB staff and local partners and consumers.	Holly Grason
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      </u>	Adolescent Health Service System development	Coordination of state, regional and national efforts on adolescent health	AMCHP
3.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	CSHCN on performance measurement	Assist the program to establish measurement criteria and tools for the CSHCN PMs. Interested in consultation that will allow us to develop Montana specific monitoring tools and accompanying methodology for using those tools	No potential contractor IDd to date
4.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Perinatal Depression	The impact of depression on the perinatal population is of great concern. Mechanisms to collection population based info in order to better assess the need.	No potential contractor IDd to date
5.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Montana specific Adolescent Health Needs Assessment	Enhanced aspect of #2. Will focus on Montana's needs, and implement the System Capacity Tool for the Adolescent Health Program.	Kristin Teipel, Minnesota
6.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Investigate mechanisms to access hospital and insurance record information for data use without requiring statutory authority	HSCI include the necessity for hospital discharge data which Montana does not have	No potential contractor IDd to date
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      </u>			



	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MT**

SP # 1

**PERFORMANCE MEASURE:**

Percent of unintended pregnancy.

**STATUS:**

Active

**GOAL**

Reduce unintended pregnancy.

**DEFINITION**

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

**Numerator:**

Number of unintended pregnancies in the family planning clinic population.

**Denominator:**

Number of pregnancies in the family planning clinic population.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

**SIGNIFICANCE**

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

SP # 2

**PERFORMANCE MEASURE:**

Percent of women who abstain from alcohol use in pregnancy.

**STATUS:**

Active

**GOAL**

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

**DEFINITION**

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

**Numerator:**

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

**Denominator:**

Number of Montana births plus fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state

**SIGNIFICANCE**

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

SP # 4

**PERFORMANCE MEASURE:**

Percent of "WIC" infants who are breastfed at six months.

**STATUS:**

Active

**GOAL**

To increase the percentage of infants served by WIC in Montana who have had breastfeeding initiated, to 75% and increase the percentage of infants who are breastfed for a duration exceeding six months to over 50%.

**DEFINITION**

This will be determined based on responses from WIC participants. Information is captured by age group of the child and duration of breastfeeding. The information is available quarterly from the CDC Pediatric Nutrition Surveillance System (Table 1C).

**Numerator:**

Duration of breastfeeding (> 1 day, 1 week, 1, 2, 3, 4, 5 and 6 months)

**Denominator:**

Number of WIC participants administered the questionnaire.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC Pediatric Nutrition Surveillance System (Table 1C).

**SIGNIFICANCE**

The advantages of breastfeeding include nutritional, immunological, and psychological benefits to both infant and mother, as well as economic benefits. Breast milk is the optimal food for infants and the only food an infant needs for the first 4-6 months of life.

SP # 5

**PERFORMANCE MEASURE:**

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

**STATUS:**

Active

**GOAL**

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

**DEFINITION**

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

**Numerator:**

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

**Denominator:**

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Counties reviewing deaths complete and submit standardized Fetal Infant and Child Mortality Review forms to CACH and information is entered into a data system. Fetal, infant and child death certificates from vital stats are also a data source

**SIGNIFICANCE**

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

SP # 6

**PERFORMANCE MEASURE:**

Percent of facilities using standardized domestic violence screening tool as part of care assessment and planning.

**STATUS:**

Active

**GOAL**

Include screening for domestic violence as a standard of care for MCH funded programs.

**DEFINITION**

There are numerous brief (2-5 question) questionnaires concerning domestic violence, already in existence, that can be utilized. MCH funding = Title V, Title X or USDA (WIC) funds MCH service = health programs providing direct, or other services to women using MCH funds including .....

**Numerator:**

Number of contracted facilities receiving MCH funding who screen for domestic violence using standard tools.

**Denominator:**

Number of contracted facilities.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

**SIGNIFICANCE**

Domestic violence against women is pervasive in the United States. It is prevalent in all racial, ethnic and socio-economic groups. It has been estimated that a woman is physically abused every 12 seconds in our country making domestic violence a major public health problem. Women in domestic violent relationships cannot be afforded support and care unless they are identified. The development of a measurement tool to determine the frequency of domestic violence will not only provide the measure but will also result in the public health workers in MCH settings to gain a better familiarity with this problem as well as stimulate them to identify resources to assist the victims.

SP # 7

**PERFORMANCE MEASURE:**

Percent of two year old children screened for lead.

**STATUS:**

Active

**GOAL**

To screen 20% of two year old children.

**DEFINITION**

**Numerator:**

Number of two year old children screened.

**Denominator:**

Total number of 2 year old children.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Program will begin with new Centers for Disease Control and Prevention funding in July 1998. Some data exists, however a true baseline for blood lead levels for children has not been established.

**SIGNIFICANCE**

Montana has a large proportion of pre-1950's housing in which testing has not occurred. Furthermore, low income WIC clients have potentially higher blood lead levels.



SP # 8

**PERFORMANCE MEASURE:**

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

**STATUS:**

Active

**GOAL**

To improve dental health of Medicaid-eligible children through increased access to dental services.

**DEFINITION**

**Numerator:**

Number of children to age 21 who have received dental services as part of their comprehensive services.

**Denominator:**

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program." From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

**SIGNIFICANCE**

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

SP # 9

**PERFORMANCE MEASURE:**

Percent of pregnant women who abstain from cigarette smoking.

**STATUS:**

Active

**GOAL**

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

**DEFINITION**

-

**Numerator:**

Number of pregnant women who report not smoking.

**Denominator:**

Number of Montana births and fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth certificates.

**SIGNIFICANCE**

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

SP # 10

**PERFORMANCE MEASURE:**

Rate of firearm deaths among youth aged 5-19.

**STATUS:**

Active

**GOAL**

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

**DEFINITION**

**Numerator:**

Total number of population aged 5-19 who have died of firearm deaths.

**Denominator:**

Total population of youth in Montana age 5-19.

**Units:** 100000 **Text:** 0.01%

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

**SIGNIFICANCE**

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

SO # <u>1</u>	
OUTCOME MEASURE:	Native American Infant Mortality Rate
STATUS:	Active
GOAL	The Native American infant mortality rate will be no higher than the White infant mortality rate
DEFINITION	<p><b>Numerator:</b> Number of Native American infant deaths.</p> <p><b>Denominator:</b> Number of Native American births.</p> <p><b>Units:</b> 1000    <b>Text:</b> Rate per thousand</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Vital records collected by state.
SIGNIFICANCE	All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MT**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.4	0.4	14.2	11.1	14.9
Numerator	2	2	78	61	82
Denominator	54,869	54,869	54,869	54,869	54,869
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	78.5	98.0	84.3	87.0	87.8
Numerator	3,450	4,604	4,077	4,298	4,539
Denominator	4,397	4,698	4,836	4,943	5,172
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	100.0	100.0	100.0
Numerator	0	0	1	1	1
Denominator	0	0	1	1	1
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	78.7	72.7	78.4	80.2	81.3
Numerator	8,503	7,867	8,529	9,031	9,250
Denominator	10,809	10,814	10,873	11,257	11,378
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		<u>Annual Indicator Data</u>			
	2000	2001	2002	2003	2004
Annual Indicator	<u>29.0</u>	<u>34.4</u>	<u>34.5</u>	<u>34.1</u>	<u>32.5</u>
Numerator	<u>3,109</u>	<u>3,693</u>	<u>3,703</u>	<u>3,849</u>	<u>3,849</u>
Denominator	<u>10,731</u>	<u>10,731</u>	<u>10,731</u>	<u>11,276</u>	<u>11,860</u>
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		<u>Annual Indicator Data</u>			
	2000	2001	2002	2003	2004
Annual Indicator	<u>1.9</u>	<u>2.0</u>	<u>2.1</u>	<u>0.8</u>	<u>1.0</u>
Numerator	<u>35</u>	<u>31</u>	<u>33</u>	<u>12</u>	<u>18</u>
Denominator	<u>1,830</u>	<u>1,570</u>	<u>1,600</u>	<u>1,555</u>	<u>1,892</u>
Is the Data Provisional or Final?				Final	Provisional

## FORM NOTES FOR FORM 17

Data is not available for this measure. In the past we have calculated the number of CHIP in our program who have a payment source for health care and used that number to calculate number of CHIP in our program who have a service.

### FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Pre-2002 data obtained from Montana Hospital Association. Current and future data will be obtained from Medicaid paid claims using consistent diagnosis codes. Data is dependent on correct use of diagnosis codes by providers. Therefore, actual incidence is likely to be underreported. //2004//
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Checking on availability of these data for 2000
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ Montana CHIP does not collect this information. //2004//
4. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
These data are NOT available in Montana
5. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
A report of the CHIP data base children by age and by procedure codes is not available and is not feasible to program a new report in time to submit with the annual submission of MCHBG. In addition the number of children under one year is not available on the state level vital statistics. Data entered is not correct.
6. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
/2004/ The Center for Medicaid Services notified states that they had done changes to the criteria for this program and that numbers could be re-submitted for Fiscal Year 2000. The numerator for 2000 has been updated to reflect this change in data. The relatively low percent of children receiving dental service reflects the effects of loss of dental services in Montana and the low Medicaid reimbursement rate for providers. //2004//
7. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
In reviewing this standard, it was noted that the CSHCN program calculated the annual indicator based on the number of Medicaid children receiving rehab services through Title V as the number participating in CSHS rehab clinics. This does not match the informational guidance requesting the degree to which Title V provides something that Medicaid does not cover. Data in 2003 has been changed to reflect the meaning of the standard. The annual indicator reflects the comprehensiveness of the Montana Medicaid program for children with special health care needs. CSHS has provided assistance only for out of state lab services to diagnosis rare genetic conditions.
8. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This indicator is essentially unchanged for 2004. It will change significantly in 2005, due to the capacity CSHS has developed to provide resource and referral information to this population. Medicaid coverage for eligible applicants continues to provide for rehabilitative services. In addition, CSHS is providing resource information to SSI applicants who are not deemed eligible for SSI.



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MT**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Other	<u>45.5</u>	<u>54.5</u>	<u>7.6</u>
b) Infant deaths per 1,000 live births	2004	Other	<u>1.9</u>	<u>2.2</u>	<u>4.1</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Other	<u>45.5</u>	<u>54.5</u>	<u>82.8</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Other	<u>16.7</u>	<u>83.3</u>	<u>72.6</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>      </u> to <u>      </u> )	2004	<u>133</u> <u>100</u> <u>      </u>
c) Pregnant Women	2004	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: MT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u> ) (Age range <u>      </u> to <u>      </u> ) (Age range <u>      </u> to <u>      </u> )	2004	<u>150</u> <u>      </u> <u>      </u>
c) Pregnant Women	2004	<u>150</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

**1. Section Number:** Indicator 06 - SCHIP

**Field Name:** SCHIP\_Women

**Row Name:** Pregnant Women

**Column Name:**

**Year:** 2006

**Field Note:**

Pregnant women are not covered by SCHIP in Montana unless they are 18 or under and meet the income requirement.

**2. Section Number:** Indicator 05

**Field Name:** LowBirthWeight

**Row Name:** Percent of ow birth weight (<2,500 grams)

**Column Name:**

**Year:** 2006

**Field Note:**

Data provided from birth certificate data which does not identify the payor. Use general Medicaid population vs state population and assumed the occurrence between Medicaid and non-Medicaid would represent the population

The total number of low birth weight babies for Montana was 866/11378 (per vital statistics) for 2004 (7.6% of the total). The total percentage of low birth weight babies on Medicaid is estimated to be 45.5%, with non-Medicaid estimated at 54.5%, exactly the estimates reported for HSCI05c, but the total percentages are different to reflect the population-affected differences.

**3. Section Number:** Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2006

**Field Note:**

Data derived from Birth Certificate System There is not an identification of a payor on the certificate

The total number of infant deaths for 2004 was 4.13 per 1,000. Vital statistics gave us a numerator of 47 infant deaths out of 11,378. Using the proportion generated from HSCI05c (45.5% Medicaid), this proportion was applied to the 4.13 deaths per 1,000 births, giving us a non-Medicaid infant death rate of 2.25 per 1,000 and a Medicaid death rate of 1.88 per 1,000.

**4. Section Number:** Indicator 05

**Field Name:** CareFirstTrimester

**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

**Column Name:**

**Year:** 2006

**Field Note:**

The proportion of infants born in 2004 paid for by Medicaid was known by a Medicaid pull done in house (n=5174). The percentage of all MT women reported as having prenatal care in the first trimester is 82.8% for the state (County Profiles 2004).  $5174 \times 0.828 = 4284$ . The total birth cohort for 2004 is estimated at 11,378.  $82.8\%$  of  $11,378 = 9,421$ .  $4,284 / 9,421 = 45.5\%$  Medicaid,  $54.5\%$  non-Medicaid.

**5. Section Number:** Indicator 05

**Field Name:** AdequateCare

**Row Name:** Percent of pregnant women with adequate prenatal care

**Column Name:**

**Year:** 2006

**Field Note:**

Data derived from Birth Certificate information. The birth certificate does not capture whether the payor is Medicaid or not.

Percentages were derived as follows:

80% Kotelchuck percentage estimates taken from 2004 County Health Profiles \* the birth cohort for 2004

$72.6\% \times 11,378 = 8,260$

$1,380$  Medicaid-paid claims were pulled by staff from the Medicaid system equaling  $16.7\%$  of the total  $8,260$  cohort.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MT**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MT**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MT**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.2	6.8	6.8	6.7	7.6
Numerator	671	739	745	756	867
Denominator	10,809	10,814	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.9	5.2	5.4	5.4	5.8
Numerator	518	547	566	596	637
Denominator	10,504	10,491	10,564	10,964	11,000
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	1.2	1.1	1.0	1.1
Numerator	110	125	120	115	124
Denominator	10,809	10,814	10,886	11,276	11,378
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.8	0.9	0.7	0.8	0.9
Numerator	83	96	79	93	100
Denominator	10,504	10,491	10,564	10,964	11,000
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	17.2	10.2	10.7	9.8	11.5
Numerator	32	19	20	17	20
Denominator	186,130	186,130	186,130	173,883	173,883
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	9.1	5.9	5.4	5.8	5.2
Numerator	17	11	10	10	9
Denominator	186,130	186,130	186,130	173,883	173,883
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	34.7	30.1	46.3	45.6	41.3
Numerator	45	39	60	63	57
Denominator	129,689	129,689	129,689	138,020	138,020
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	91.9	2,552.0			2,686.3
Numerator	171	4,750			5,000
Denominator	186,130	186,130			186,130
Is the Data Provisional or Final?					Provisional

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	575.4	565.7	487.8	483.5	461.5
Numerator	1,071	1,053	908	900	859
Denominator	186,130	186,130	186,130	186,130	186,130
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2,685.7	2,807.5	2,508.3	2,392.6	2,461.3
Numerator	3,483	3,641	3,253	3,103	3,192
Denominator	129,689	129,689	129,689	129,689	129,689
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	15.1	18.8	23.9	28.4	22.5
Numerator	522	648	825	981	776
Denominator	34,521	34,521	34,521	34,521	34,521
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.5	4.8	6.3	9.6	6.9
Numerator	527	722	953	1,443	1,046
Denominator	150,863	150,863	150,863	150,863	150,863
Is the Data Provisional or Final?				Final	Final



## FORM NOTES FOR FORM 20

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
2. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
3. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
4. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
//2004/ Montana does not have statutory authority to require reporting of hospital discharge data to the state health agency. Data for years 1998 through 2000 were obtained from the Montana Hospital Association. The cost of obtaining these data has become prohibitive and are not available for 2001 and 2002. National statistics are not appropriate for estimation of Montana's incidence. //2004//
5. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data are not available in Montana
6. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Montana does not have hospital discharge data needed to complete this HSI.
7. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
//2004/ Department of Transportation data uses a calendar fiscal year so this number could change at the end of December 2003. Data will be updated as necessary in the next report. //2004//
8. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
//2004/ Department of Transportation data uses a calendar fiscal year so this number could change at the end of December 2003. Data will be updated as necessary in the next report. //2004//

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	10,732	8,900	54	1,174	42	4	448	110
Children 1 through 4	44,137	37,163	228	4,476	220	40	0	2,010
Children 5 through 9	61,963	52,774	285	6,092	332	38	0	2,442
Children 10 through 14	69,298	59,596	233	6,532	480	28	0	2,429
Children 15 through 19	71,310	62,287	273	5,972	377	43	0	2,358
Children 20 through 24	58,379	51,497	355	4,270	513	51	0	1,693
Children 0 through 24	315,819	272,217	1,428	28,516	1,964	204	448	11,042

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	10,293	439	0
Children 1 through 4	42,409	1,728	0
Children 5 through 9	60,006	1,957	0
Children 10 through 14	67,283	2,015	0
Children 15 through 19	69,332	1,978	0
Children 20 through 24	56,735	1,644	0
Children 0 through 24	306,058	9,761	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	7	1		3				3
Women 15 through 17	350	229	0	114		4		3
Women 18 through 19	869	611	4	247	0	7	0	0
Women 20 through 34	8,964	7,729	47	1,061	14	60		53
Women 35 or older	1,337	1,215	2	85	10	8	0	17
Women of all ages	11,527	9,785	53	1,510	24	79	0	76

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	4	0	
Women 15 through 17	327	23	
Women 18 through 19	825	44	
Women 20 through 34	8,686	280	
Women 35 or older	1,312	25	
Women of all ages	11,154	372	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	47	35		9			3	
Children 1 through 4	14	10		2	1		1	
Children 5 through 9	13	9		2			2	
Children 10 through 14	50	44		6				
Children 15 through 19	71	49	1	18			3	
Children 20 through 24	173	156		10			7	
Children 0 through 24	368	303	1	47	1	0	16	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	44	3	
Children 1 through 4	14		
Children 5 through 9	13		
Children 10 through 14	15		
Children 15 through 19	66		
Children 20 through 24	66		
Children 0 through 24	218	3	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	602,581	257,441.0	220,220.0	1,073.0	24,246.0	153.0	0	99,448.0	2004
Percent in household headed by single parent	6.7								2004
Percent in TANF (Grant) families	0.7		0		0	0	0	0.7	2004
Number enrolled in Medicaid	71,774	71,774.0							2004
Number enrolled in SCHIP	2,415	1,309.0	6.0	186.0	4.0	8.0		902.0	2004
Number living in foster home care	2,056	1,207.0	42.0	712.0	4.0	4.0		87.0	2004
Number enrolled in food stamp program	32,856	24,963.0	182.0	7,563.0	81.0	26.0	41.0		2004
Number enrolled in WIC	24,928	17,218.0	369.0	6,024.0	195.0			1,122.0	2004
Rate (per 100,000) of juvenile crime arrests	11,153.0	8,740.0	149.0	1,514.0	30.0	15.0	705.0	2,662.0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.4	2.8	5.9	8.1	1.8	3.6		5.1	2004

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	257,440.0			2004
Percent in household headed by single parent	6.7			2004
Percent in TANF (Grant) families	0.7		0.7	2004
Number enrolled in Medicaid	71,774.0			2004
Number enrolled in SCHIP	2,415.0			2004
Number living in foster home care	1,948.0	109.0		2004
Number enrolled in food stamp program	31,997.0	818.0		2004
Number enrolled in WIC	23,932.0	995.0		2004
Rate (per 100,000) of juvenile crime arrests	13,815.0	249.0		2004
Percentage of high school drop-outs (grade 9 through 12)	94.9	5.1		2004

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	139,018
Living in rural areas	118,422
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>257,440</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	902,195.0
Percent Below: 50% of poverty	5.7
100% of poverty	15.1
200% of poverty	36.4

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MT**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	257,440.0
Percent Below: 50% of poverty	8.0
100% of poverty	18.0
200% of poverty	39.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is not collected in Montana
2. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Not able to ask race of applicants for Medicaid due to HIPPA changes
3. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is not enumerated in data available to MCH bureau
4. **Section Number:** Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data not available to further break down population numbers into poverty levels
5. **Section Number:** Indicator 11  
**Field Name:** S11\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data not available to further break down population by poverty levels.
6. **Section Number:** Indicator 11  
**Field Name:** S11\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data not provided in a form that would break down the population into certain poverty levels.

**NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MT**

SP # 1

**PERFORMANCE MEASURE:**

Percent of unintended pregnancy.

**GOAL**

Reduce unintended pregnancy.

**DEFINITION**

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

**Numerator:**

Number of unintended pregnancies in the family planning clinic population.

**Denominator:**

Number of pregnancies in the family planning clinic population.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

9-1 Increase the proportion of pregnancies that are intended

**DATA SOURCES AND DATA ISSUES**

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Montana is applying for the PRAMS grant in 2005, if received, we may move to using the PRAMS data set to inform this objective. Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

**SIGNIFICANCE**

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

**OBJECTIVE**

2006	2007	2008	2009	2010
54	53	52	51	50



SP # 2

**PERFORMANCE MEASURE:**

Percent of women who abstain from alcohol use in pregnancy.

**GOAL**

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

**DEFINITION**

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

**Numerator:**

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

**Denominator:**

Number of Montana births plus fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

17-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

**DATA SOURCES AND DATA ISSUES**

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state. Future years may include the PRAMS as the data source.

**SIGNIFICANCE**

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

**OBJECTIVE**

2006	2007	2008	2009	2010
98	98	98	98	98

SP # 3

**PERFORMANCE MEASURE:**

Percent of "WIC" infants who are breastfed at six months.

**GOAL**

To increase the percentage of infants served by WIC in Montana who have had breastfeeding initiated, to 75% and increase the percentage of infants who are breastfed for a duration exceeding six months to over 50%.

**DEFINITION**

This will be determined based on responses from WIC participants. Information is captured by age group of the child and duration of breastfeeding. The information is available quarterly from the CDC Pediatric Nutrition Surveillance System (Table 1C).

**Numerator:**

Duration of breastfeeding (> 1 day, 1 week, 1, 2, 3, 4, 5 and 6 months)

**Denominator:**

Number of WIC participants administered the questionnaire.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-19 Increase the proportion of mothers who breastfeed their babies

**DATA SOURCES AND DATA ISSUES**

CDC Pediatric Nutrition Surveillance System (Table 1C).

**SIGNIFICANCE**

The advantages of breastfeeding include nutritional, immunological, and psychological benefits to both infant and mother, as well as economic benefits. Breast milk is the optimal food for infants and the only food an infant needs for the first 4-6 months of life.

**OBJECTIVE**

2006	2007	2008	2009	2010
46	47	48	49	50

SP # 4

**PERFORMANCE MEASURE:**

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

**GOAL**

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

**DEFINITION**

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

**Numerator:**

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

**Denominator:**

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1c Reduce incidence of infant deaths

16-2 Reduce the rate of child death

**DATA SOURCES AND DATA ISSUES**

Submitted abstracts from local reviews of fetal, infant and child deaths, which are entered into a data system at the state level. Fetal, infant and child death certificates from vital stats are also a data source

**SIGNIFICANCE**

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

**OBJECTIVE**

2006	2007	2008	2009	2010
95	95	95	95	95

SP # 5

**PERFORMANCE MEASURE:**

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

**GOAL**

To improve dental health of Medicaid-eligible children through increased access to dental services.

**DEFINITION**

**Numerator:**

Number of children to age 21 who have received dental services as part of their comprehensive services.

**Denominator:**

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-12 Increase the proportion of low-income children and adolescents who received dental services

**DATA SOURCES AND DATA ISSUES**

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program." From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

**SIGNIFICANCE**

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

**OBJECTIVE**

2006	2007	2008	2009	2010
24	25	26	27	28

SP # 6

**PERFORMANCE MEASURE:**

Percent of pregnant women who abstain from cigarette smoking.

**GOAL**

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

**DEFINITION**

-

**Numerator:**

Number of pregnant women who report not smoking.

**Denominator:**

Number of Montana births and fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

**DATA SOURCES AND DATA ISSUES**

Birth certificates.

**SIGNIFICANCE**

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

**OBJECTIVE**

2006	2007	2008	2009	2010
84	85	86	87	88

SP # 7

**PERFORMANCE MEASURE:**

Rate of firearm deaths among youth aged 5-19.

**GOAL**

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

**DEFINITION**

**Numerator:**

Total number of population aged 5-19 who have died of firearm deaths.

**Denominator:**

Total population of youth in Montana age 5-19.

**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

15-3 Reduce firearm related deaths

**DATA SOURCES AND DATA ISSUES**

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

**SIGNIFICANCE**

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

**OBJECTIVE**

2006	2007	2008	2009	2010
6.8	6.6	6.4	6.2	6

SO # 1

**OUTCOME MEASURE:**

Native American Infant Mortality Rate

**GOAL**

The Native American infant mortality rate will be no higher than the White infant mortality rate

**DEFINITION**

**Numerator:**  
Number of Native American infant deaths.  
**Denominator:**  
Number of Native American births.  
**Units:** 1000    **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1c Reduce incidence of infant deaths

**DATA SOURCES AND DATA ISSUES**

Vital records collected by state.

**SIGNIFICANCE**

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

**OBJECTIVE**

2006	2007	2008	2009	2010
7	7	7	7	7

